



## EMPLOYMENT APPLICATION

### Please submit completed form by:

**MAIL:** West Fargo City Hall  
ATTN: Human Resources  
800 4th Avenue East Suite 1  
West Fargo ND 58078

**EMAIL:** HR@westfargond.gov

**FAX:** 701-433-5319

Read the certificate at the end of this questionnaire before filling in your answers. Print or type all answers. All questions and statements must be complete. If the appropriate answer is no or none, please state that as an answer. Fill out, print, and sign this form. If more space is required, use the space "Remarks" at the end of the form.

Position Applying For: \_\_\_\_\_

### 1. PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Legal Name Change/Maiden Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. EDUCATION LIST

School Attended	School Address	School Type	Name of Degree	Check if Graduated

### 3. SPECIALIZED EDUCATION/SKILLS/CERTIFICATIONS

### 4. PROFESSIONAL REFERENCES

Name	Years Known/ Relationship	Street Address/City/State/Zip	E-mail Address	Phone Number

### 5. HOW WERE YOU REFERRED TO US? BE SPECIFIC

6. CAN YOU PROVIDE PROOF, IF HIRED, THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES? ☐ YES ☐ NO

7. ARE YOU RELATED TO A CITY OF WEST FARGO EMPLOYEE? ☐ YES ☐ NO

NAME:

8.. ARREST RECORD (INCLUDE TRAFFIC VIOLATIONS BUT NOT PARKING TICKETS) -LIST DATES, PLACES, CHARGES, DISPOSITION AND DETAILS OF CRIME BELOW:

6. FORMER RESIDENCES (FOR THE PAST FIVE YEARS)

Dates ( to-from)	Address	City	State/Zip Code

7. Do you have a current Driver's license?

Yes No CDL

8. Veteran and branch of service? Please attach a copy of your DD-214 form)

9. Have you ever pled guilty or been found guilty of a felony, including a felony that was later dismissed?

10. EMPLOYMENT

All employment, including part time employment, periods of self employment and periods of unemployment.

Name of Employer:	Name of Supervisor:
Address of Employer:	Monthly Salary:
City: State: Zip:	Employed From: To:
Position Title:	Reason for Leaving:
Type of Work: (2 lines max.)	

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Name of Employer: _____	Name of Supervisor: _____
Address of Employer: _____	Monthly Salary: _____
City: _____ State: _____ Zip: _____	Employed From: _____ To: _____
Position Title: _____	Reason for Leaving: _____
Type of Work: (2 lines max.) _____	

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City: _____ State: _____ Zip: _____	Employed From: _____ To: _____
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Type of Work: (2 lines max.) _____	

REMARKS:

**11. Please state your reasons why you are applying for this position, what your personal goals are in the next five years, and what your long terms (over the next five years) goals are:**

### CERTIFICATE

I represent and warrant the answers I have made to each and all of the foregoing questions are full and true to the best of my knowledge and belief, AND FURTHER, in order that the OFFICIALS OF WEST FARGO be fully informed as to my personal character and qualifications for employment, I refer to each of my former employers and to any other person who may have information concerning me, agreeing, as this information is furnished at my express request and for my benefit, I do hereby release them from any and all liability for damage of what so ever nature on account of furnishing such information. I acknowledge that **any false statement** knowingly made in answering the above questions is **good cause for removal from eligible register or discharge during or after probation.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

### **EEOP STATEMENT:**

It is the continuing policy of the City of West Fargo to afford equal opportunity to qualified individuals regardless of their sex, race, creed, disability, or national origin, and to conform to applicable laws and regulations. Equal opportunity encompasses all aspects of employment practices to include, but not limited to, recruiting, hiring, training, compensation, benefits, promotions, transfers, layoffs, recall from layoffs, discipline, and agency-sponsored educational, social, recreational programs. Additionally, it is the policy of this agency to provide its members a viable means for communicating and resolving grievances and complaints regarding unlawful discriminatory employment practices. Any employee of the City of West Fargo who fails to comply with this policy is subject to appropriate disciplinary action.